HW

PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application Number TRADENAR 10/698,827 **TRANSMITTAL** Filing Date October 31, 2003 First Named Inventor **FORM** Darryl D. Amick Art Unit 3641 **Examiner Name** Stephen Johnson (to be used for all correspondence after initial filing) Attorney Docket Number MOF 307A1A Total Number of Pages in This Submission

ENCLOSURES (Check all that apply)									
	Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application Reply to Missing Parts		Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD  Remarks			After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):			
		nder 37 CFR 1.52 or 1.53							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm Name Kolisch Hartwell, P.C		). 	<del></del>						
Signature									
Printed name David S. D'Ascenzo									
Date		July 15, 2005			Reg. No.	39,95	952		
CERTIFICATE OF TRANSMISSION/MAILING									
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David S. D'Ascenzo

Typed or printed name

Date

July 15, 2005

PTO/SB/17 (12-04)
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	ive on 12/08/200		Complete if Known					
		ons Act, 2005 (H.R. 4818).	Application Number	10/698,8	327			
FEE TR	ANS	MIIIAL	Filing Date	October	October 31, 2003			
Foi	r FY 20	05	First Named Inventor	Darryl D. Amick				
			Examiner Name	Examiner Name Stephen Johnson				
Applicant claims small	<u> </u>		Art Unit 3641					
TOTAL AMOUNT OF PAY	MENT (\$)	0.00	Attorney Docket No.	MOF 30	MOF 307A1A			
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 11-1540  Deposit Account Number: Kolisch Hartwell, P.C.								
<del>-</del>			ereby authorized to: (ched					
Charge fee(s)	indicated belo	ow	Charge fee(	s) indicated	below, except	for the fili	ng fee	
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization FEE CALCULATION	on P1U-2038.					13.140		
	CH AND E	YAMINATION FEES						
i. DASIC FILING, SEAN	1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES							
Application Type	_ <u>Sn</u>	nall Entity Fee (\$) Fee	Small Entity	Small	Entity (\$)	Fees Paig	d (\$)	
Utility	300	150 500		90 10				
Design	200	100 100			.5 _			
Plant	200	100 300		•	30 -			
Reissue	300	150 500		00 30				
Provisional	200	100 0		0	0 -			
2. EXCESS CLAIM FEE			V	•	-	Sr	mall Entity	
Fee Description	<b>.</b>	, , , , , , , , , , , , , , , , , , , ,				Fee (\$)	Fee (\$)	
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	Extra Claims	Fee (\$) Fe	e Paid (\$) Mut	iple Depen	dent Claims			
23 - 20 or HP =	0	x <u>25.00</u> =	0.00 <u>F</u>	ee (\$)	Fee Paid (	<u>\$)</u>		
HP = highest number of total of Indep. Claims	claims paid for, i E <b>xtra Claims</b>	<del>-</del>	Paid (\$)					
$\frac{1}{1}$ - 3 or HP = $\frac{1}{1}$ $$								
HP = highest number of independent claims paid for, if greater than 3								
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity)								
for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = / 50 = (round <b>up</b> to a whole number) x =								
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other:								
SUBMITTED BY								
Registration No. (Attorney/Agent) 39,952 Telephone (503) 224-6655								
lame (Print/Type) David S. D'Ascenzo.								

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Dated: July 15, 2005

In re Application of:

DARRYL D. AMICK

Serial No.

10/698,827

Group Art Unit: 3641

Filed

October 31, 2003

Examiner: Stephen Johnson

For

TUNGSTEN-CONTAINING ARTICLES AND

METHODS FOR FORMING THE SAME

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

## AMENDMENT AND RESPONSE TO RESTRICTION REQUIREMENT

Responsive to the Restriction Requirement issued on June 28, 2005 in connection with the above-identified patent application, please amend the application as indicated below. In the claims, claims 1-30 and 40-50 are cancelled without prejudice as being directed to non-elected inventions, claim 36 is amended, and new claims 51-64 are added.

Amendments to the Specification	None.
Amendments to the Claims	Begin on page 2.
Amendments to the Drawings	None.
Remarks	Begin on page 6.